

<i>SERFF Tracking Number:</i>	<i>USLH-127617153</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Security Life and Health Insurance Company</i>	<i>State Tracking Number:</i>	<i>49738</i>
<i>Company Tracking Number:</i>	<i>AR-GASTRICPACEMAKER</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>Certificate Amendment - Gastric Pacemaker</i>		
<i>Project Name/Number:</i>	<i>Certificate Amendment - Gastric Pacemaker/</i>		

## Filing at a Glance

Company: United Security Life and Health Insurance Company

Product Name: Certificate Amendment - Gastric SERFF Tr Num: USLH-127617153 State: Arkansas

Pacemaker

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 49738

Closed

Sub-TOI: H16G.001C Any Size Group - Other Co Tr Num: AR- State Status: Approved-Closed

GASTRICPACEMAKER

Filing Type: Form

Author: Jaime Gettemans

Date Submitted: 09/08/2011

Reviewer(s): Rosalind Minor

Disposition Date: 09/13/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Certificate Amendment - Gastric Pacemaker

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Discretionary

Filing Status Changed: 09/13/2011

State Status Changed: 09/13/2011

Created By: Jaime Gettemans

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Please see the attached Cover Letter under the "Supporting Documents" tab for a detailed filing description

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Overall Rate Impact:

Deemer Date:

Submitted By: Jaime Gettemans

## Company and Contact

SERFF Tracking Number: USLH-127617153 State: Arkansas  
Filing Company: United Security Life and Health Insurance State Tracking Number: 49738  
Company  
Company Tracking Number: AR-GASTRICPACEMAKER  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
Product Name: Certificate Amendment - Gastric Pacemaker  
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### Filing Contact Information

Jaime Gettemans, jaimegettemans@jandpholdings.com  
6640 S. Cicero Avenue 708-552-2417 [Phone]  
Bedford Park, IL 60638

### Filing Company Information

United Security Life and Health Insurance CoCode: 81108 State of Domicile: Illinois  
Company  
6640 S. Cicero Group Code:  
Bedford Park, IL 60638 Group Name: Company Type:  
(708) 475-6000 ext. [Phone] FEIN Number: 36-3692140  
State ID Number:

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### Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Regulation 57 - \$50 per form.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Security Life and Health Insurance Company	\$50.00	09/08/2011	51336809

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/13/2011	09/13/2011

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## Disposition

Disposition Date: 09/13/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	USLH-127617153	State:	Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Certificate Amendment - Gastric Pacemaker	Approved-Closed	Yes

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Company Tracking Number: AR-GASTRICPACEMAKER

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 09/13/2011	AR- GASTRICP ACEMAKE R	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Amendment - Gastric Pacemaker	Initial			AR- GASTRICPA CEMAKER.pdf

## Certificate Amendment

This Certificate Amendment modifies the Certificate to which it is attached and made part of by hereby adding and/or deleting the following language:

### **Additions to the Certificate:**

The following is hereby added to the **DEFINITIONS** section of the Certificate:

“Gastric Pacemaker” means a medical device that:

- (a) Uses an external programmer and implanted electrical leads to the stomach; and
- (b) Transmits low-frequency, high-energy electrical stimulation to the stomach to entrain and pace the gastric slow waves to treat gastroparesis;

“Gastroparesis” means a neuromuscular stomach disorder in which food empties from the stomach more slowly than normal.

- (a) In most people, undigested food moves from the stomach into the duodenum and small intestine within two (2) to four (4) hours after eating.
- (b) In contrast, a patient who has gastroparesis will retain a significant amount of food in his or her stomach after eating.
- (c) A patient with gastroparesis experiences a variety of upper gastrointestinal symptoms that prevents him or her from eating normally and that may lead to dehydration, weight loss, and eventually life threatening electrolyte imbalances and malnutrition.
- (d) Moreover, delayed stomach emptying interferes with oral drug absorption and, in patients with diabetes mellitus, prevents effective control of blood glucose levels.
- (e) The Enterra Therapy for gastroparesis received Humanitarian Device Exemption from the approval from the Food and Drug Administration in March 2000.
- (f) The Humanitarian Device Exemption authorizes Medtronic to market Enterra Therapy for the treatment of chronic intractable, drug-refractory, nausea and vomiting secondary to gastroparesis of diabetic or idiopathic etiology.
- (g) The effectiveness of Enterra Therapy for this use has not been demonstrated.
- (h) Enterra Therapy may be used only in medical centers in which an institutional review board has approved use of the device.
- (i) When the battery in a neurostimulator runs down, the physician will obtain prior authorization from the health insurance company and approval for a replacement surgery and then schedule a procedure.
  - a. During the surgery, the physician will remove the neurostimulator and implant a new one
  - b. The implanted leads will also be checked to make sure they are working properly.
  - c. If the leads are working properly, the new neurostimulator will be connected to the leads that are already in place.
  - d. If the leads are not working as they should be, they will also be replaced.

The following is hereby added to the **ELIGIBLE EXPENSE** section of the Certificate:

### **Gastric Pacemaker/Gastroparesis**

- See the **DEFINITIONS** section for the definition of Gastric Pacemaker and Gastroparesis.
- Eligible charges and limits of or exclusions from coverage for gastric pacemakers shall be based on medical necessity or the health benefit plan’s coverage criteria for other medical services.
- We may:
  - Require prior authorization for a gastric pacemaker in the same manner that prior authorization is required for any other covered benefit; and
  - Impose copayments, deductibles, or coinsurance amounts for a gastric pacemaker if the amounts are no greater than the copayments, deductibles, or coinsurance amounts that apply to other benefits under the Certificate.

The Amendment takes effect on the Certificate effective date. It remains in force while the Certificate is in force.

United Security Life and Health Insurance Company

A handwritten signature in black ink, appearing to read "Robert H. Jones". The signature is fluid and cursive, with a large initial "R" and a stylized "J" at the end.

Secretary



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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	09/13/2011
<b>Comments:</b> Please find attached the Flesch Certification for the form that is being submitted.		
<b>Attachment:</b> 9.8.11 - Flesch Certification (AR-GASTRICPACEMAKER).pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application	Approved-Closed	09/13/2011
<b>Bypass Reason:</b> Does not apply.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	09/13/2011
<b>Bypass Reason:</b> Does not apply.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Cover Letter	Approved-Closed	09/13/2011
<b>Comments:</b> Please find attached the Cover Letter that contains a detailed filing description for this filing.		
<b>Attachment:</b> 9.7.11 - AR Cover Letter (AR-GASTRICPACEMAKER).pdf		



# UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

6640 S. Cicero Avenue, Bedford Park, Illinois 60638  
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

## FLESCH CERTIFICATION

This is to certify that the attached Certificate Amendment (AR-GASTRICPACEMAKER) received a Flesch Reading Ease Score of 24.6. This form does not comply with the requirements of A.C.A. 23-80-206, but is in compliance with the requirements of A.C.A. 23-80-207 since it is warranted by the nature of a particular policy form.

Robert G. Dial  
Vice President/Secretary

9/2/11

Date

September 7, 2011

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

Re: **UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**

FEIN #: 36-3692140 / NAIC #: 81108

AR-GASTRICPACEMAKER - Certificate Amendment – Gastric  
Pacemaker

**THERE IS NOT AN APPLICABLE CHECKLIST AVAILABLE FOR THIS TYPE OF  
FILING**

To Whom It May Concern:

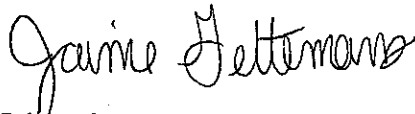
The enclosed form is being submitted for your review and approval. In order to be compliant with AR ST 23-99-418, this form adds Gastric Pacemaker as a benefit in Group Certificates ABC-2008ADCAR, ABC-2008PRPAR, ABC-2008APXAR, and ABC-90.

Once approved, this form will be effective on all existing business and new business going forward for Group Certificates ABC-2008ADCAR, ABC-2008PRPAR, ABC-2008APXAR, and ABC-90.

Also, once approved, this form will be mailed to all active Certificate Holders.

Please direct any questions, correspondence, or approval to my attention concerning this filing. I look forward to your approval of this form. You may reach me directly at (708) 552-2417.

Sincerely,



Jaime Gettemans  
Compliance Department  
jaimegettemans@priscorp.net

*Quality Products from Caring Professionals*